

# EARTH SYSTEMS SCIENCE

**Dates:** Aug 3<sup>rd</sup>- 7<sup>th</sup>, 2009

**Location:** Eastmont Middle School, Jordan School District, Sandy

**Credit:** USOE or 3 Southern Utah University semester hours

**Instructor:** Barbara Gentry

**Instructor Contact Information:**

barbara.gentry@jordan.k12.ut.us (801) 913-6603

**Registration Fee and Deposit:**

\$275 registration fee; \$45 deposit payable to Southern Utah University

**Send registration form and deposit to:**

John Taylor- Biology Department  
Southern Utah University  
351 W. University Blvd.  
Cedar City, UT 84720

**Registration Contact Information:**

John Taylor- Biology Department  
Southern Utah University  
351 W. University Blvd.  
Cedar City, UT 84720  
taylorjr@suu.edu (435) 865-8699



**Course Description:**

The philosophy for Earth Systems Science is based on the view of Earth as a series of interconnected systems. We emphasize “systems” as an organizing concept to understand life on Earth, geological change, and the interaction of atmosphere, hydrosphere, and biosphere. Earth Systems Science provides students with an understanding of how the parts of a system interact. The concept of matter cycling and energy flowing is used to help understand how systems on planet Earth are interrelated.

The objectives for the course include providing teachers with a strong academic understanding of Earth Systems and to provide an overview of the types of activities best suited to 9<sup>th</sup> grade students learning styles.

All course communication will be made thru the email address provided on your registration form. (Please provide an out of school summer contact for much of the correspondence may occur during the summer prior to the beginning of the course.)



# 2009 Science Professional Development Registration Form

*(Duplicate as Necessary)*

**Mail to:**

**Workshop Contact:**

Workshop Title	Date	Location	Registration Fee

**Contact Information:**

Teacher: \_\_\_\_\_  
District: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level/Subject: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
School phone: \_\_\_\_\_  
CACTUS # : \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Commitment to Attend & District Approval:**

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # \_\_\_\_\_ enclosed **OR**

☐ **SCHOOL** \_\_\_\_\_ **OR**  
Principal

☐ **DISTRICT** \_\_\_\_\_  
District Representative

*\*Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Return this completed registration form and your refundable deposit check to the above listed workshop contact.*

**A separate registration form must be submitted for each workshop you plan to attend.**